

CONTINENTAL BLOODSTOCK AGENCY, LTD.

1818 VERSAILLES ROAD LEXINGTON, KY 40504-1402

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E-MAIL: equine-insurance@msn.com

WEB PAGE: <http://equineinsurance.com>

IMPORTANT: No application will be considered if not fully completed and signed by the Assured and Veterinarian within 20 days of inception.

NAME OF APPLICANT _____	SOCIAL SECURITY NUMBER _____	COVERAGE REQUESTED	POLICY PERIOD
ADDRESS _____	OCCUPATION _____	<input type="checkbox"/> Mortality \$ _____	From _____ To _____
_____	PHONE NUMBER _____	<input type="checkbox"/> Specified Peril \$ _____	_____ Noon STD Time
_____	_____	<input type="checkbox"/> Other \$ _____	_____
_____	_____	<input type="checkbox"/> Major Medical	_____

INSTRUCTIONS

1. A Photograph is required for unregistered animals.
2. Use these codes for sex of animal: M-mare; S-stallion; F-filly; C-colt; G-gelding
2. Requests for amount of insurance, if different from purchase price, are subject to Company acceptance.

Name & Registration/Tattoo#	Breed	Sex	Date of Birth	Exact Use	Date Acquired	Acquired from: Name/Address	Purchase Price	Amount Insured
A)								
B)								
C)								
D)								

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| <ol style="list-style-type: none"> 1. Are you the sole owner? _____ If no, list other owners and addresses _____ 2. Was purchase price paid by cash, trade or both? Give particulars: _____ 3. Are any animals financed or leased? _____ If yes, give particulars: _____ 4. Name/Address of Loss Payee: _____ 5. Where animals kept (barn, track, pasture, other)? _____
Location: _____ 6. Name/Address/Telephone of usual trainer and farm manager: _____ 7. Are animals healthy & capable of performing intended use? _____
If no, describe: _____ 8. Has animal ever been treated for accident, illness or lameness? _____
If yes, give date and description of treatment: _____ | <ol style="list-style-type: none"> 9. How frequently was animal wormed during past year? _____
Method Used: _____ 10. Vaccination Programs: _____ 11. Are animals now insured? _____ Previously insured? _____
If yes to either, what company and amount insured? _____ 12. Has any company cancelled or refused to renew your coverage? _____
If yes, give company, date and reason given for company action: _____ 13. Has any horse owned by you died in the past three years? _____
If yes, state cause(s) and date(s): _____ 14. Are you insuring other horses with another company? _____ If yes, how many? _____ How are they used? _____ 15. Name/Address/Telephone of your regular vet: _____ 16. How long has vet treated the horse(s)? _____ |
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I understand that the Insurance being applied for, if accepted by the Company, will be based on the statements made in this application. If information is withheld or falsely stated, any Insurance issued may be subject to rescission or modification as provided by the law of the state in which the application was accepted or policy issued.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____